

| CYANOBACTERIA BLOOM RESPONSE FIELD DATA SHEET <span style="float: right;">(7-6-06 V2)</span>                                                                                                                           |  |                                                                                           |                                                                     |                       |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                               |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------|--|--|
| WATERBODY<br><b>C-44</b>                                                                                                                                                                                               |  |                                                                                           | DATE (M/D/YY):<br><b>6/21/21</b>                                    |                       | TIME: (AM)<br><b>1230</b>                                                                                                                                                                                                                                                                                                                                                           |                                                                                   | Case ID#:<br><b>SEHAB0054</b> |  |  |
| COUNTY:<br><b>Martin</b>                                                                                                                                                                                               |  |                                                                                           | LOCATION:<br><b>S-308</b>                                           |                       |                                                                                                                                                                                                                                                                                                                                                                                     | NEAREST TOWN/CITY:<br><b>Port Mayaca</b>                                          |                               |  |  |
| Visit Type:<br>Initial <input type="checkbox"/><br>Recon <input type="checkbox"/><br>Sampling <input type="checkbox"/><br>Follow-up <input checked="" type="checkbox"/>                                                |  | Samples collected:<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no |                                                                     | Samples submitted to: |                                                                                                                                                                                                                                                                                                                                                                                     | Photos Taken: <input checked="" type="checkbox"/> yes <input type="checkbox"/> no |                               |  |  |
| Sample collection method:<br>Single Grab: <input checked="" type="checkbox"/> Grab Composite: <input type="checkbox"/> Depth integrated composite: <input type="checkbox"/>                                            |  |                                                                                           |                                                                     |                       |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                               |  |  |
| Sample & Analysis types: Aqueous: <input checked="" type="checkbox"/> Surface Scum: <input type="checkbox"/> Benthic mat: <input type="checkbox"/> Tissue: <input type="checkbox"/>                                    |  |                                                                                           |                                                                     |                       |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                               |  |  |
| Algal ID & enumeration: <input type="checkbox"/> Nutrients: <input type="checkbox"/> Chl-a: <input type="checkbox"/> AGP: <input type="checkbox"/> Turbidity: <input type="checkbox"/> Toxin: <input type="checkbox"/> |  |                                                                                           |                                                                     |                       |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                               |  |  |
| Estimated size of bloom:                                                                                                                                                                                               |  |                                                                                           | Impounded: <input type="checkbox"/> yes <input type="checkbox"/> no |                       | Stream/River/Canal <span style="float: right;">Specify</span>                                                                                                                                                                                                                                                                                                                       |                                                                                   |                               |  |  |
| Lake/Estuary Typical depth<br><b>0.64</b> m deep                                                                                                                                                                       |  |                                                                                           | Inflows: <input type="checkbox"/> yes <input type="checkbox"/> no   |                       | Typical Transect                                                                                                                                                                                                                                                                                                                                                                    |                                                                                   |                               |  |  |
| Outflows: <input type="checkbox"/> yes <input type="checkbox"/> no                                                                                                                                                     |  |                                                                                           |                                                                     |                       | <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           m deep<br/>Water velocity <input type="checkbox"/> m/s<br/>Left bank </div> <div style="width: 30%;">           m deep<br/><input type="checkbox"/> m/s<br/>Middle </div> <div style="width: 30%;">           m deep<br/><input type="checkbox"/> m/s<br/>Right bank </div> </div> |                                                                                   |                               |  |  |
| Canopy Cover: Open: <input checked="" type="checkbox"/> Lightly Shaded (11-45%): <input type="checkbox"/> Moderately Shaded (46-80%): <input type="checkbox"/> Heavily Shaded: <input type="checkbox"/>                |  |                                                                                           |                                                                     |                       |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                               |  |  |
| Description of Bloom/ Latitude <input type="text"/> Degrees <input type="text"/> Minutes <input type="text"/> Seconds Longitude <input type="text"/> Degrees <input type="text"/> Minutes <input type="text"/> Seconds |  |                                                                                           |                                                                     |                       |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                               |  |  |
| Present Weather conditions<br><b>cloudy</b>                                                                                                                                                                            |  |                                                                                           |                                                                     |                       |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                   |                               |  |  |
| Print a map from GIS tool or Internet mapping service (e.g., Mapquest, Google Map)                                                                                                                                     |  |                                                                                           |                                                                     |                       |                                                                                                                                                                                                                                                                                                                                                                                     | Last rain event <input type="text"/>                                              |                               |  |  |
| Sketch bloom area on the attached map. Indicate wind direction.                                                                                                                                                        |  |                                                                                           |                                                                     |                       |                                                                                                                                                                                                                                                                                                                                                                                     | Rainfall amount <input type="text"/>                                              |                               |  |  |

  

| WATER QUALITY | Depth (m): | Temp. (°C): | pH (SU):    | D.O. (mg/l): | Cond. (µmho/cm) or Salinity (ppt) | DO (%)     | Salinity (ppt) | Secch (m)  |
|---------------|------------|-------------|-------------|--------------|-----------------------------------|------------|----------------|------------|
| Top           |            |             |             |              |                                   |            |                |            |
| Mid-depth     |            |             |             |              |                                   |            |                |            |
| Bottom        | <b>0.3</b> | <b>29.3</b> | <b>7.09</b> | <b>0.43</b>  | <b>468.5</b>                      | <b>4.8</b> | <b>0.22</b>    | <b>0.1</b> |

  

|                                                                                                                                                                                                                                                                    |  |  |  |  |                                                                                                                                                                     |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| System Type: Stream: <input type="checkbox"/> (1st - 2nd order 3rd - 4th order 5th - 6th order 7th order or greater) Lake: <input checked="" type="checkbox"/> Wetland: <input type="checkbox"/> Estuary: <input type="checkbox"/> Other: <input type="checkbox"/> |  |  |  |  |                                                                                                                                                                     |  |  |  |  |
| Water Odors (check box): Normal: <input type="checkbox"/> Sewage: <input type="checkbox"/> Petroleum: <input type="checkbox"/> Chemical: <input type="checkbox"/> Other: <input checked="" type="checkbox"/> <b>Algae</b>                                          |  |  |  |  |                                                                                                                                                                     |  |  |  |  |
| Water Surface (check box): Clear: <input type="checkbox"/> Scum: <input checked="" type="checkbox"/> Glob: <input type="checkbox"/> Slick: <input type="checkbox"/>                                                                                                |  |  |  |  |                                                                                                                                                                     |  |  |  |  |
| Water Clarity (check box): Clear: <input type="checkbox"/> Slightly turbid: <input type="checkbox"/> Turbid: <input checked="" type="checkbox"/> Opaque: <input type="checkbox"/>                                                                                  |  |  |  |  |                                                                                                                                                                     |  |  |  |  |
| Bloom Color (check box): Green: <input checked="" type="checkbox"/> Red: <input type="checkbox"/> Brown: <input type="checkbox"/> Other: <input checked="" type="checkbox"/> <b>Blue</b>                                                                           |  |  |  |  |                                                                                                                                                                     |  |  |  |  |
| Notes                                                                                                                                                                                                                                                              |  |  |  |  | Abundance:                                                                                                                                                          |  |  |  |  |
|                                                                                                                                                                                                                                                                    |  |  |  |  | Periphyton <input type="checkbox"/> Absent <input type="checkbox"/> Rare <input type="checkbox"/> Common <input type="checkbox"/> Abundant <input type="checkbox"/> |  |  |  |  |
|                                                                                                                                                                                                                                                                    |  |  |  |  | Fish <input type="checkbox"/>                                                                                                                                       |  |  |  |  |
|                                                                                                                                                                                                                                                                    |  |  |  |  | Aquatic Macrophytes <input type="checkbox"/>                                                                                                                        |  |  |  |  |
|                                                                                                                                                                                                                                                                    |  |  |  |  | Iron/sulfur Bacteria <input type="checkbox"/>                                                                                                                       |  |  |  |  |

  

|             |         |
|-------------|---------|
| VISIT TEAM: | AGENCY: |
|-------------|---------|